

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/21/2011
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DRIVE EVANSVILLE, IN 47710		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00084704 and IN00084696.</p> <p>Complaint : IN00084704-Substantiated, federal/state deficiencies related to the allegations are cited at F 253.</p> <p>Complaint IN00084696-Substantiated, no deficiencies related to the allegations are cited.</p> <p>Survey dates: January 19, 20, 21, 2011</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Jodi Meyer, RN, TC Diane Hancock, RN [1/19, 21/11] Sue Webster, RN, [1/19, 21/11]</p> <p>Census bed type: SNF-8 SNF/NF- 82 Total= 90</p> <p>Census payor type: Medicare - 17 Medicaid - 61 Other -12 Total= 90</p> <p>Sample: 5 Supplemental sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>	F 000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a Desk review on or after February 7, 2011.</p> <p>Please see below for attachments to support facility progress in correcting alleged deficiency.</p> <p>F 253 Housekeeping & Maintenance It is the practice of this provider to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice:</p> <ul style="list-style-type: none"> Findings 1-4: Resident wheelchair was cleaned and all cited rooms/bathrooms were stripped/waxed and deep cleaned. Finding 5: Resident room Deep Cleaning Calendar updated for February 2011 and throughout 2011. <p>How will you identify other residents having the potential to be affected by</p>	2/9/11	

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FEB - 7 2011

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

2-4-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1	F 000			
F 253 SS=E	<p>Quality review completed on January 25, 2011 by Bev Faulkner, RN</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide housekeeping services to each resident for 4 of 12 resident rooms, 8 residents resided in the four rooms, in that dusting, removing of cob webs and debris on floors of resident rooms was not provided. This deficiency affected 8 of 24 residents who resided on the F hall. (Residents A, B, C, D, E, F, G, H)</p> <p>Findings include:</p> <p>1. Room 119 was observed on 1/20/11 at 9:40 a.m. The electric wheel chair was observed parked in the hall. The frame and cushion of the wheel chair was soiled with dried spills and debris. The Assistant Director of Nursing (ADON) present at the time indicated the chair needed cleaned. The bedroom area of Room 119 was observed to have dust covering the headboard, and cabinet. Trash, dried spills, plastic vase were on the floor next to the window are by the bed. The closet doors were open, clothes were thrown and piled on the shelf of the closet. LPN #5 indicated both residents were cared for by the staff and were not able to utilize</p>	F 253	<p>the same alleged deficient practice and what corrective action will be taken:</p> <ul style="list-style-type: none"> A house wide audit of resident rooms and bathrooms and wheel chairs has been completed and issues identified are currently being resolved by the Housekeeping Supervisor/Maintenance Director/Clinical Managers/designee. Facility halls/resident rooms/resident bathrooms will be monitored by dept managers for cleanliness – issues will be addressed by the Housekeeping Supervisor/ designee. <p>What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur:</p> <ul style="list-style-type: none"> Resident wheelchairs will be placed on a weekly cleaning schedule to be monitored by DNS/designee. Compliance to be monitored weekly for 3 months then for 1 additional quarter utilizing Facility Environmental Review CQI tool. Clinical staff had inservice training on 2-3-11 and 2-4-11 regarding wheelchair cleaning schedule and resident room cleanliness. The facility conducted an all-staff inservice training on 		

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F 253	<p>Continued From page 2</p> <p>their closets. The privacy curtain between the beds was soiled. Two residents resided in the room, Resident A & B.</p> <p>2. Room 117 was observed on 1/21/11 at 10:47 a.m., cob webs were observed behind the bed, door, trash debris was on floor behind the bed and chair. Dust was observed on the bed side tables. The bathroom floor was soiled around the edges of the room. Two residents resided in the room, Resident C & D.</p> <p>3. Room 121 was observed at 10:40 a.m. Dust was observed to the bedside table and television base on the cabinet. The bathroom floor was soiled under the sink and soiled around the commode. A brown black substance was built up around the edges of the bathroom and at the threshold of the bathroom door. Two residents resided in the room, Resident E & F. The Housekeeping Supervisor entered Room 121 at 10:43 a.m., and he indicated the bathroom would have been deep cleaned when the rooms were deep cleaned. The bathroom was shared with Room 119, which had been deep cleaned on 1/20/11. Record of Room 121 cleaning was not provided.</p> <p>4. Room 123 was observed on 1/21/11 at 10:45 a.m. Cob webs were observed behind the bed and under the window near the floor. Two residents resided in the room, Resident G & H.</p> <p>5. On 1/20/11 9:00 a.m., the "Deep Clean" schedule was provided for review by the Administrator as the current housekeeping schedule.</p> <p>The form was a copied calendar for the month of</p>	F 253	<p>environmental issues with resident room cleanliness on 1-25-11.</p> <ul style="list-style-type: none"> The facility conducted a housekeeping inservice with the Home Office Director of Housekeeping on 1-27-11. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? i.e., what quality assurance program will be put into place:</p> <ul style="list-style-type: none"> Wheelchair cleaning and resident room/bathroom appearance and cleanliness compliance will be monitored weekly utilizing the Facility Environmental Review CQI tool by the Housekeeping Supervisor/designee 3 times weekly for 3 months then for 1 additional quarter. <u>Additional facility audit tools are being utilized and are described below in the attachment description.</u> Results from audits reviewed quarterly during the facility QAA Committee Meetings. QAA Committee will determine if further monitoring is necessary. <p>Compliance date: 2-9-11</p> <p>Attachments:</p> <ul style="list-style-type: none"> A – Shower Report; Wheelchair Cleaning/Cushion Audit 		2/9/11

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F 253	<p>Continued From page 3</p> <p>January 2011. Each day had a room number printed in the date, or the name of another room i.e. shower room. The week of 1/17-21/11 scheduled rooms included: 1/17-Room 117, 1/18-Room 119, 1/19 Room - 121, 1/21-Room 123 and 1/21-Room 124 were to be cleaned and/or had been cleaned.</p> <p>On 1/21/11 at 11:30 a.m., the Housekeeping Supervisor indicated the schedule was a proposed schedule and not the working scheduled used at that time. A second copy (hand written) was provided, Hall F had four weeks of January already checked as completed. The supervisor indicated that was wrong. The third copy was provided at 11:50 a.m. The third copy contained the following: 1/17-Room 117 was completed 1/18- Room 111 was completed 1/19-Room 110 was completed 1/20-Room 119 was completed 1/21-Room 125 was completed.</p> <p>The cleaning schedule recorded Room 123 was deep cleaned on 1/10/11.</p> <p>The cleaning checklist provided with the first cleaning schedule listed the following was completed during the housekeeping duties: "Resident Rooms-Pictures, wall hangings, window, sill, blinds, curtains, bed frame, mattress, side rails, phone and phone cord, removal of tape and stickers, night stand, over bed light, over bed table, divider curtains, sprinkler head, air conditioner vent and cord, wardrobes, corners, cove base personal fans, personal items, wall light, trash cans, floors, spot clean walls, TV, and chairs.</p> <p>Bathrooms-Faucets, sink/pipes, mirror, tub, grab bars, corners, floors, trash cans, sprinkler heads, vents, toilet, light, soap & paper towel dispenser."</p>	F 253	<ul style="list-style-type: none"> • B – CARE Rep Daily Rounds Checklist (Monday-Friday); Environmental First Impressions Checklist; CARE Rep Daily Rounds Monitoring Tool (Augustes Cottage); Compliance Audit • C – Deep Cleaning Calendar (February 2011); Quality Control Inspection Checklist- Housekeeping (Deep Cleaning); Quality Control Inspection – Housekeeping • D – Facility Environmental Review CQI Tool • E – Above mentioned inservice training records 		

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F 253	Continued From page 4 This federal tag relates to Complaint IN00084704. 3.1-19(f)	F 253			